



Appl. No. : 10/617,345  
Applicant : Davis  
Filed : 07/09/2003  
Title : ELECTRONIC LOCKING SYSTEM  
TC/A.U. : 3676  
Examiner : Gall, Lloyd A.  
Docket No. : TAL:0537.0120

Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

**AMENDMENT**

Sir:

In response to the Office action of March 10, 2004, please amend the above-identified application as follows:

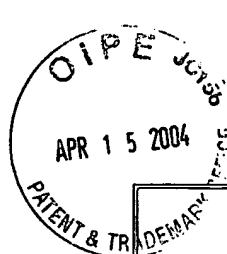
**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Amendments to the Drawings** begin on page 6 of this paper and include an attached replacement sheet.

**Remarks/Arguments** begin on page 7 of this paper.

An **Appendix** including amended drawing figures is attached following page 9 of this paper.



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/617,345	
	Filing Date	07/09/2003	
	First Named Inventor	Davis	
	Group Art Unit	3676	
Examiner Name	Gall, Lloyd A.		
Total Number of Pages in this Submission	11	Attorney Docket Number	TAL:0537.0120

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee transmittal form <input type="checkbox"/> Fee attached	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Licensing Related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosures (identify below)
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Request for Refund	
	<input type="checkbox"/> CD, Number of Cd(s) _____	
Remarks: Other enclosures: 1. Return Receipt Postcard		

## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Chernoff, Vilhauer, McClung & Stenzel L.L.P.
Signature	
Date	April 12, 2004

## CERTIFICATE OF TRANSMISSION/ MAILING

I hereby certify that, on the date shown below, this correspondence is being :

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Type or print name	Timothy A. Long		
Signature		Date	April 12, 2004